



**HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (FORM D-201)**

HAWAII STATE ETHICS COMMISSION 1001 Bishop Street, Pacific Tower Suite 970 P.O. Box 616 Honolulu, Hawaii 96809 Telephone: 587-0460 Fax: 587-0470 email: ethics@ethics.state.hi.us		<div style="text-align: right; font-size: small;">Rev. 12/01</div> For Office Use Only DATE REC'D: 03/31/2003 FILE NO.: 03-D-11380 AG's	
IMPORTANT: Please read instructions carefully before filling out this form.			
FULL NAME (Last, First, Middle) BISSEN, Richard, Jr., Thomas		SPOUSE'S FULL NAME (Last, First, Middle) BISSEN, Isabella Kaihikapulani Eleneki	
DEPENDENT CHILDREN'S FULL NAMES (Last, First, Middle) 1) BISSEN, Sayble Kapoliokala 2) ELENEKI, Sweetheart Kaanohipuaokala 3) BISSEN, Sherawn Keapopumehanaikuupuwai			
RESIDENCE ADDRESS <div style="background-color: black; height: 1.2em; width: 100%;"></div>			
MAILING ADDRESS <div style="background-color: black; height: 1.2em; width: 100%;"></div>			
BUSINESS TELEPHONE 586-1500	STATE DEPARTMENT/DIVISION OR BOARD/COMMISSION Department of the Attorney General		
RESIDENCE TELEPHONE <div style="background-color: black; height: 1.2em; width: 100%;"></div>	STATE POSITION HELD First Deputy Attorney General	TERM OF OFFICE: Begin: 01-02-03 End: 12-05-06	

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	County of Maui 200 S. High St. Wailuku, HI 96793	E	Prosecuting Attorney
S	State of Hawaii, Central Payroll P.O. Box 119 Honolulu, Hawaii 96810	C	Teachers Aide
JT	Robert Gator 15 Kulanihakoi Street, #15G Kihei, HI 96753	C	Rental Income

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	PBMG Funds, Inc. c/o DST Systems P.O. Box 219534 Kansas City, MO 64121	Mutual Fund	Shares	B
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached				

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached		

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Wells Fargo Home Mortgage, Inc. Des Moines, IA 50328-0001	H	H
JT	Wells Fargo Mutual Home Equity Group Novato, CA 94949	E	E
F	Countrywide Home Loans Van Nuys, CA 91410-0219	F	F
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	NA LEO KAKO'O Paia School PTA Paia, Hawaii	President	Sept.-Dec. 2002	None
F	Hawaii Prosecuting Attorneys Association	Director	Jan-Dec. 2002	None

☐ Check here if entry is None

☐ Check here if additional sheets are attached
ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	530 Pohaku Street Kahului, HI 96732	(2) 3-8-053-033-0000	H
F	15 Kulanihako'i St., #15G Kihei, Hawaii 96753	(2) 3-9-044-041-0047	F

☐ Check here if entry is None

☐ Check here if additional sheets are attached
ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

☒ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP,DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF HAWAII ETHICS COMMISSION MAR 31 P2:51	RECEIVED

☒ Check here if entry is None ☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Richard T. Bunn
SIGNATURE

MAR 31 2003

DATE